

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/584707						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51					51		
2		1				52					52		
3						53					53		
4						54					54		
5						55					55		
6						56					56		
7						57					57		
8						58					58		
9						59					59		
10		1				60					60		
11						61					61		
12						62					62		
13						63					63		
14						64					64		
15						65					65		
16						66					66		
17						67					67		
18						68					68		
19						69					69		
20						70					70		
21						71					71		
22						72					72		
23						73					73		
24						74					74		
25						75					75		
26						76					76		
27						77					77		
28						78					78		
29						79					79		
30						80					80		
31						81					81		
32						82					82		
33						83					83		
34						84					84		
35						85					85		
36						86					86		
37						87					87		
38						88					88		
39						89					89		
40						90					90		
41						91					91		
42						92					92		
43						93					93		
44						94					94		
45						95					95		
46						96					96		
47						97					97		
48						98					98		
49						99					99		
50						100					100		
TOTAL IND.	1		↓										
TOTAL DEP.	9	←		←	←								
TOTAL CLAIMS	10												